

## PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (703) 746-4000

maintenance fee notification	respondence including the below or directed otherwise ins.  CE ADDRESS (Note: Use Block 1 for		ers and notificati specifying a new		mailing can only be used for	hould be completed where correspondence address as arate "FEE ADDRESS" for
7055 7	\$590 05/02/2005 & BERNSTEIN, P.L. LARKE PLACE	c. 61 P 6	5 2005 3014	Fee(s) Transmittal. The papers. Each additional have its own certificate.	infaming can only be used it is certificate cannot be used all paper, such as an assignme of mailing or transmission.  It if it is the cannot be used it is considered as the cannot be used it is being with a sufficient postage for fire it is top ISSUE FEE address TO (703) 746-4000, on the cannot be used in	for any other accompanying ent or formal drawing, mus
FC:2501 700.00 DP		12	<b>∞</b> /			(Depositor's name)
		TAY & TR	ADEMA			(Signature)
						(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED		'ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/674,508	03/30/2001		Rolland Vers	ini	P20178	3512
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	E	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES ·	\$700		\$0	\$700	08/02/2005
EXAMINER		ART UNIT	r	CLASS-SUBCLASS		
SOLAK, TIMOTHY P		3746		417-063000	•	
1. Change of correspondence address or indication of "Fee Address" (CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custor Number is required.						
"Fee Address" indica PTO/SB/47; Rev 03-02	tion (or "Fee Address" Indictor more recent) attached. Us	e of a Customer	2 registered pat listed, no name	will be printed.	no name is 3	
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	tion (or "Fee Address" Indica or more recent) attached. Us D RESIDENCE DATA TO E			<del>-</del>	no name is 3	
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME AND		E PRINTED ON TH	HE PATENT (pri	nt or type)		locument has been filed fo
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME AND	D RESIDENCE DATA TO E s an assignee is identified be n 37 CFR 3.11. Completion	E PRINTED ON THe elow, no assignee da of this form is NOT	HE PATENT (print ata will appear o a substitute for fi	nt or type)	ee is identified below, the c	locument has been filed fo
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	D RESIDENCE DATA TO E s an assignee is identified be n 37 CFR 3.11. Completion IEE e assignee category or category	E PRINTED ON THE clow, no assignee da of this form is NOT (B) ries (will not be prin	HE PATENT (pring the part of t	nt or type)  n the patent. If an assign ling an assignment.  CITY and STATE OR COU	ee is identified below, the c	
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN  Please check the appropriate 4a. The following fee(s) are Issue Fee	D RESIDENCE DATA TO E s an assignee is identified be n 37 CFR 3.11. Completion IEE e assignee category or category enclosed:	E PRINTED ON THE elow, no assignee da of this form is NOT: (B) ries (will not be prin	HE PATENT (pring the part of t	nt or type)  n the patent. If an assign ling an assignment.  CITY and STATE OR COU	ee is identified below, the of JNTRY)  proporation or other private gr	
Please check the appropriate  A. The following fee(s) are  Publication Fee (No s	D RESIDENCE DATA TO E s an assignee is identified be n 37 CFR 3.11. Completion  IEE  e assignee category or category enclosed: small entity discount permitte	E PRINTED ON THE PRIN	HE PATENT (print at a will appear of a substitute for fine residue for fine residue). The residue for the patent payment of Fee(s) A check in the residue for the payment by cr	nt or type)  in the patent. If an assign ling an assignment.  CITY and STATE OR COU  in Individual County C	ee is identified below, the of JNTRY)  proporation or other private gracelosed.  is attached.	oup entity Governmen
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN  Please check the appropriate 4a. The following fee(s) are Issue Fee	D RESIDENCE DATA TO E s an assignee is identified be n 37 CFR 3.11. Completion  IEE  e assignee category or category enclosed: small entity discount permitte	E PRINTED ON THE PRIN	HE PATENT (print at a will appear of a substitute for fine residue for fine residue). The residue for the patent payment of Fee(s) A check in the residue for the payment by cr	nt or type)  in the patent. If an assign ling an assignment.  CITY and STATE OR COU  in Individual County C	ee is identified below, the of JNTRY)  proporation or other private gracelosed.	oup entity Governmen

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Robert W. Muellerate

Reg. No. 35,043 Registration No.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Néil F. Greenblum

Authorized Signature

Typed or printed name